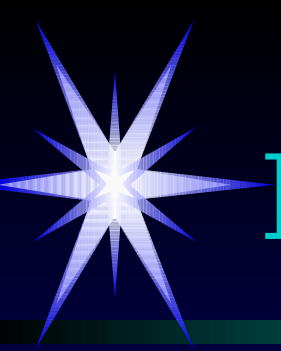


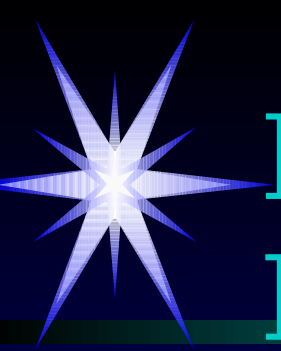
Contraception: What's New and What's Not

Susan C. Brunsell, MD
Department of Family
Medicine
Georgetown University



Natural Family Planning

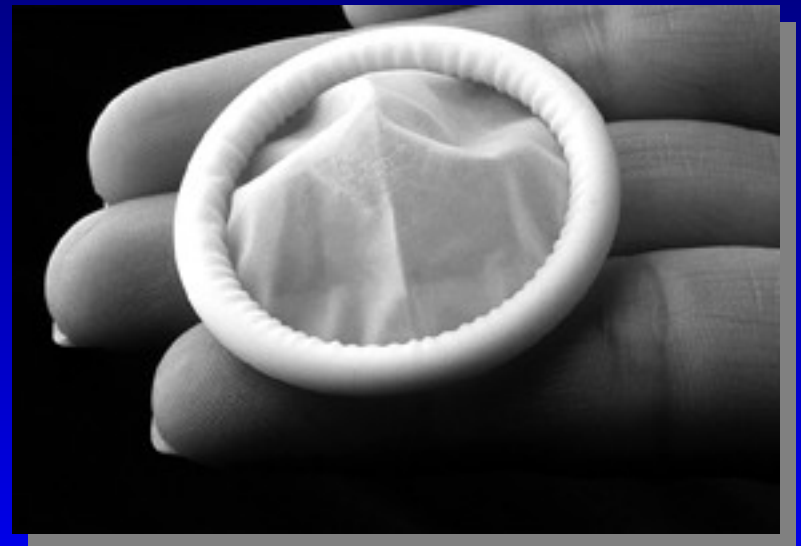
- Determine ovulation by:
 - calendar method
 - ovulation method
 - basal body temperature
 - symptothermal
- Formal training is strongly encouraged
- Regular, predictable cycles not required

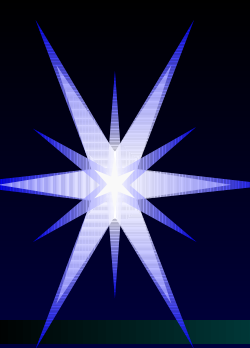


Lactational Amenorrhea Method

- TEMPORARY method if:
 - Breast milk is sole means of nutrition
 - Menses have not returned
 - Infant is <6 mos old
- Schedule appointment at 4-6 months postpartum to discuss contraception
- Have back-up contraception planned

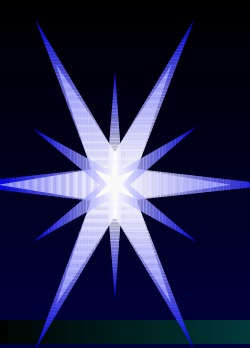
Condoms





Condoms

- Counsel RE: appropriate use
 - Women should buy their own condoms
 - ▢ Avoid oil-based lubricants
 - ▢ Be gentle!
 - ▢ Natural membrane condoms do not protect against STDs
 - ▢ Store in cool dry place



Condoms

- Allergy
 - 17% healthcare workers have latex allergy
 - ▢ use polyurethane condom
 - ▢ use natural membrane condom w/ latex condom
- ▢ What if condom breaks?
 - ▢ insert spermicide
 - ▢ consider emergency contraception
- ▢ Spermicide: ? Increased HIV transmission?

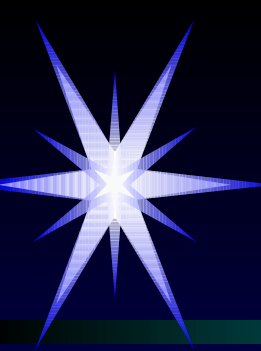
Diaphragm



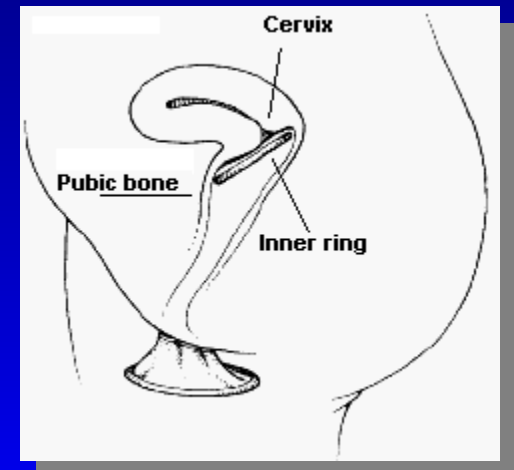
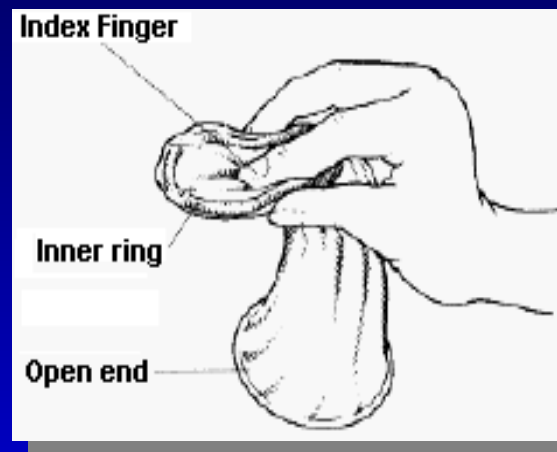
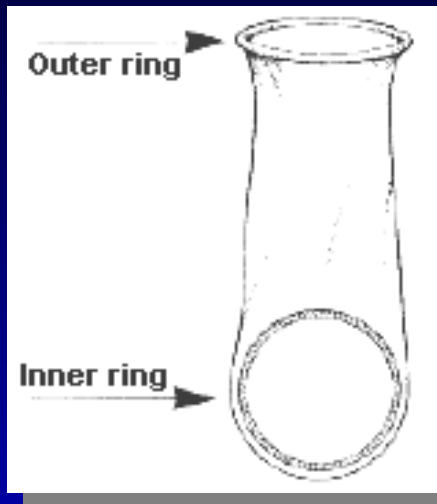


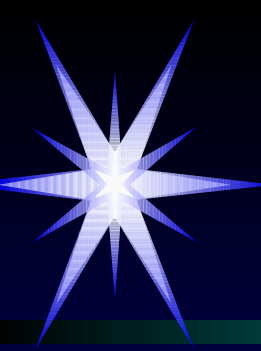
Diaphragm

- Increased risk of UTIs
 - alteration in vaginal flora and mechanical effect
 - ▮ void after intercourse
 - ▮ consider suppressive antibiotics
- ▮ Avoid oil-based lubricants
- ▮ Cervical Cap and Sponge
- ▮ Lea's Shield



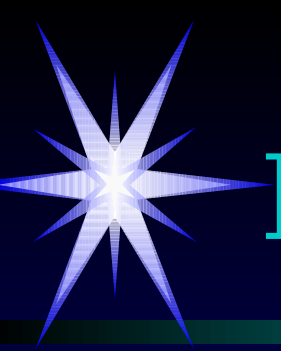
Female Condom: “Reality”





Female Condom

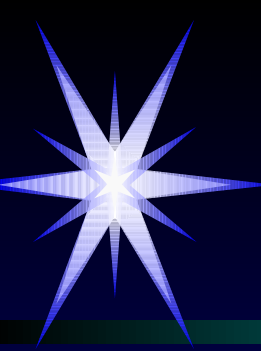
- ❑ Can insert up to 8 hours prior to intercourse
- ❑ Do not use with condom
- ❑ Can use spermicide, but not necessary
- ❑ Remove immediately after intercourse
- ❑ Do not reuse



Emergency Contraception

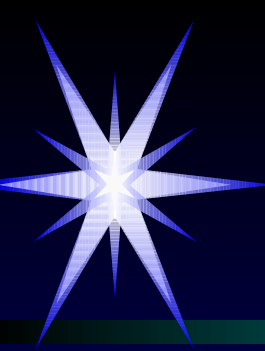


Emergency Contraception
Overview
and the
PREVEN™
Emergency Contraceptive Kit



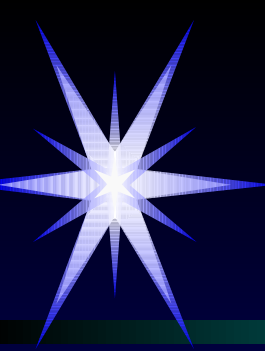
Emergency Contraception

- Three options:
 - Combined oral contraceptive: Yuzpe Method
 - ▶ Lo-Ovral 4 pills, repeat in 12 hours
 - ▶ Preven (includes urine pregnancy kit)
 - ▶ Plan B: Progestin only pill
- IUD (Paragard): inserted w/in 5 days



Emergency Contraception

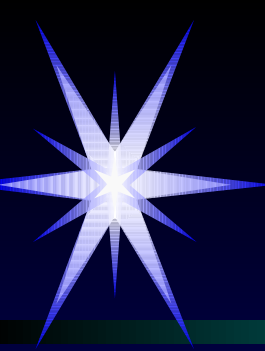
- Nausea
 - Use antiemetic before first dose
 - ▢ If >1 hr from dose do not need to repeat
 - ▢ Use Plan B
- ▢ Amenorrhea: r/o pregnancy
- ▢ Pregnancy: no increase in rate of fetal anomalies



Combined Oral Contraceptives

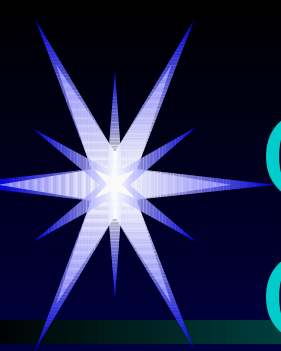
- Estrogen: cycle control
 - ethinyl estradiol: 20-50 mcg
 - mestranol: 50 mcg
 - must be converted to e.e. to be active
- Progestins: contraceptive action
 - several from which to choose
 - “third generation”
 - desogestrel, norgestimate
 - drospirenone (“Yasmin”)





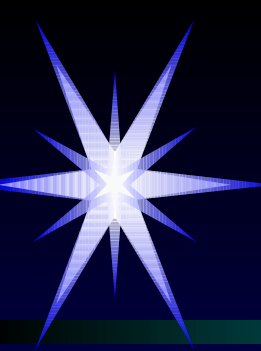
Combined Oral Contraceptives

- Absence of withdrawal bleeding
 - R/O pregnancy
 - ▢ reassurance
 - ▢ switch to newer progestin or tri-phasic
- ▢ Acne
 - ▢ decrease androgen effects
 - ▢ increase estrogenic effects



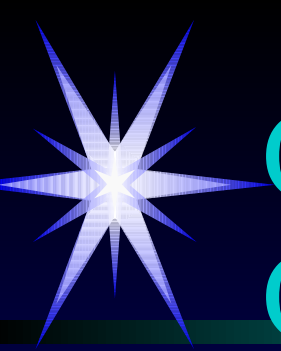
Combined Oral Contraceptives

- Breakthrough bleeding
 - counsel RE: missed pills, decreases after 3 mos
- alter progestin
 - try 3rd generation
 - increase potency if midcycle bleeding
- alter estrogen
 - increase if midcycle bleeding
 - try Estrostep if bleeding precedes menses
 - try Mircette if bleeding follows menses



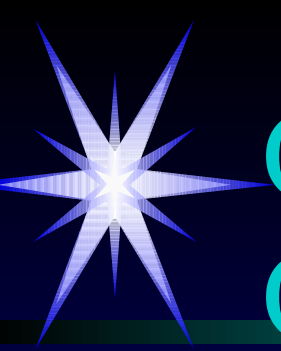
Combined Oral Contraceptives

- Venous thromboembolic complications
 - increased risk if: >50 yrs, smoker, sedentary/overweight, HTN, diabetes, desogestrel ??
 - risk of DVT: 3/10,000
 - ▢ risk of stroke: 3/100,000
 - ▢ stop OCPs for 4 weeks if undergoing MAJOR surgery



Combined Oral Contraceptives

- Breast cancer: slight increased risk
- ▢ Cervical cancer: slight increased risk
- ▢ Headaches: menstrual migraines
- ▢ Weight gain: no causal relationship
- ▢ Liver-inducing medications: use in combination with barrier method



Combined Oral Contraceptives

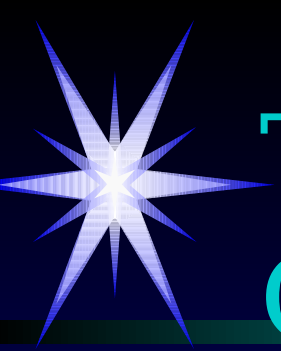
- Extended Use Oral Contraceptives
 - 63-84 active pills in a row, followed by hormone-free week (Seasonale or monophasic)
 - ▢ For women who desire fewer menstrual cycles
 - menstrual/premenstrual symptoms
 - ▢ on enzyme-inducing meds (rifampin, phenytoin)
 - ▢ heavy menstrual bleeding
 - ▢ Breakthrough bleeding: 50%

Transdermal Contraception

Ortho Evra[®]
(norelgestromin/ethinyl estradiol
transdermal system)



upper torso
(front and back
except on your breasts)



Transdermal Contraception

- One patch weekly for 3 weeks, followed by patch free week
- Cycle control and side effects similar to OC
- Efficacy similar to OC
- Decreased efficacy in women >90 kg. but still more effective than barriers

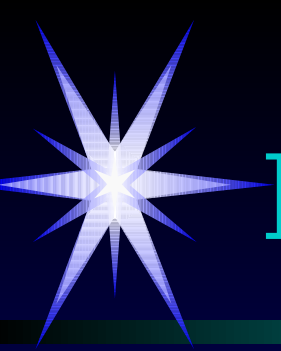
Vaginal Ring



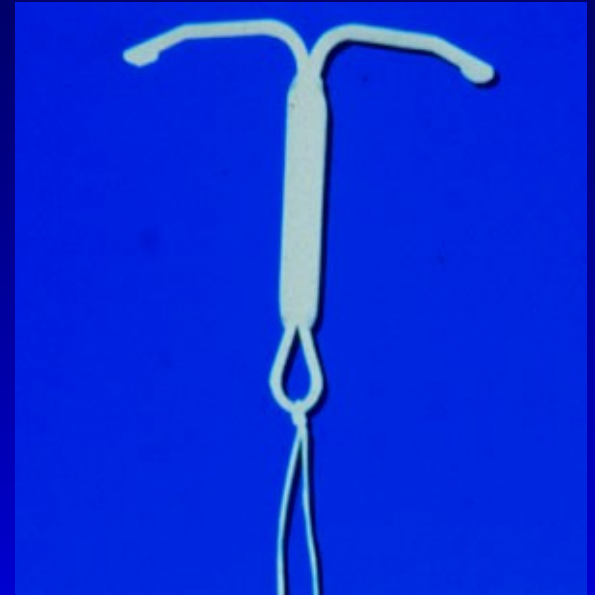
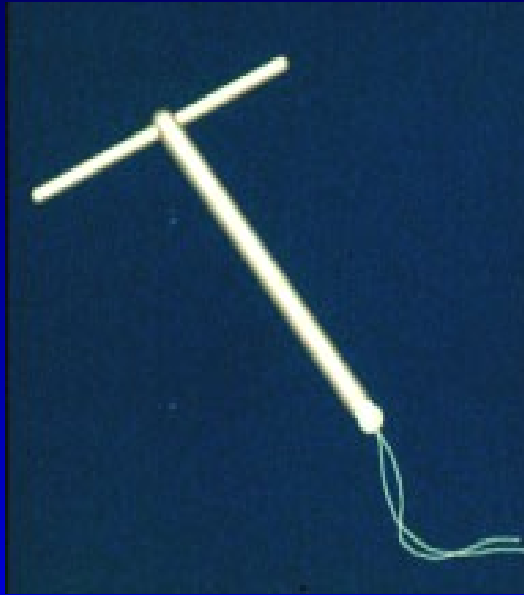
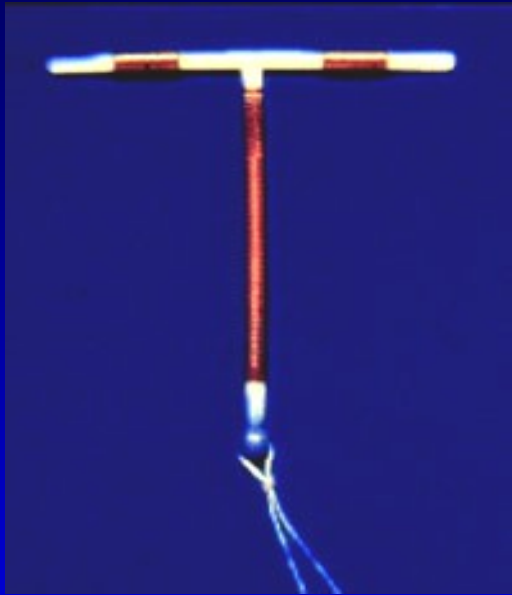


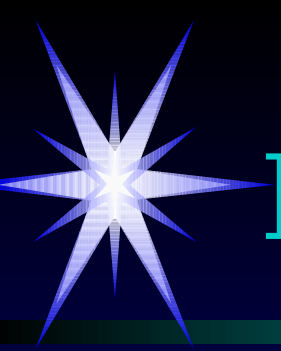
NuvaRing

- One size fits all
- ▢ Removed after 3 weeks: reliable withdrawal bleed
- ▢ Cycle control, side effects, efficacy similar to OCs
- ▢ Contraceptive efficacy drops precipitously when ring removed



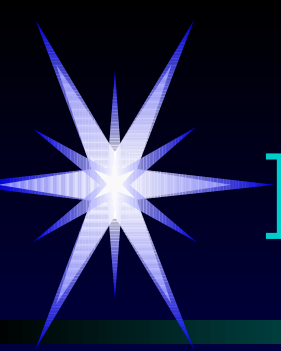
Intrauterine Devices





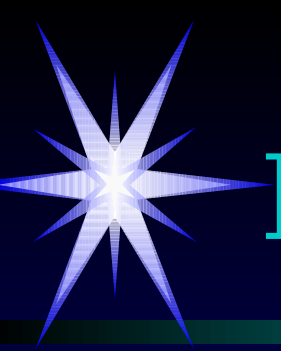
Intrauterine Devices

- Paragard (“copper T”)
 - effective for 10 years
- ▢ Progestasert (progesterone)
 - ▢ effective for one year
 - ▢ expensive as birth control option
- ▢ Mirena (levonorgestrel)
 - ▢ effective for 5 years
 - ▢ decrease in menstrual blood loss



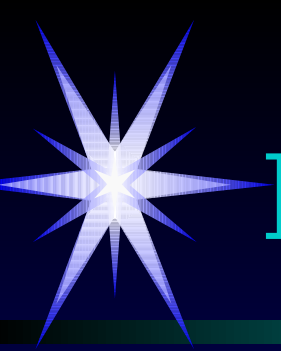
Intrauterine Devices

- Expulsion: 2-10% in first year
 - missed period may be first sign
 - ▢ pt should regularly check for strings
- ▢ Pregnancy
 - ▢ related to high incidence of miscarriage
 - ▢ IUD should be removed immediately
 - ▢ if spontaneous or voluntary ab recommend prophylactic antibiotics (doxycycline)



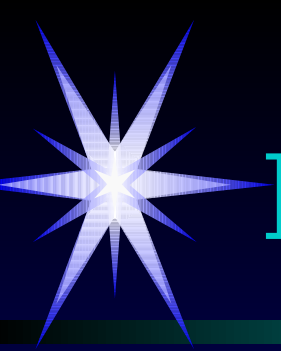
Intrauterine Devices

- Bleeding/spotting
 - usually improves after 1st three months
 - examine for cause, including pregnancy
- menorrhagia
 - NSAIDs
 - estrogen or OCPs
- remove IUD for:
 - suspected endometritis
 - to r/o endometrial cancer



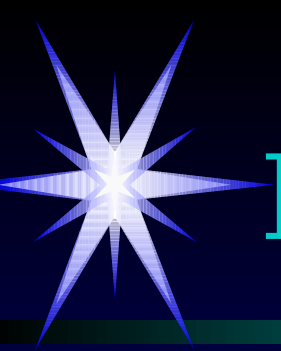
Intrauterine Device

- PID
 - risk highest in first 20 days after insertion
 - ▢ incidence of PID NOT decreased with prophylactic antibiotics
 - ▢ if women diagnosed with PID:
 - consider hospitalization
 - ▢ treat with antibiotics
 - ▢ remove IUD
 - ▢ risk not increased in diabetics



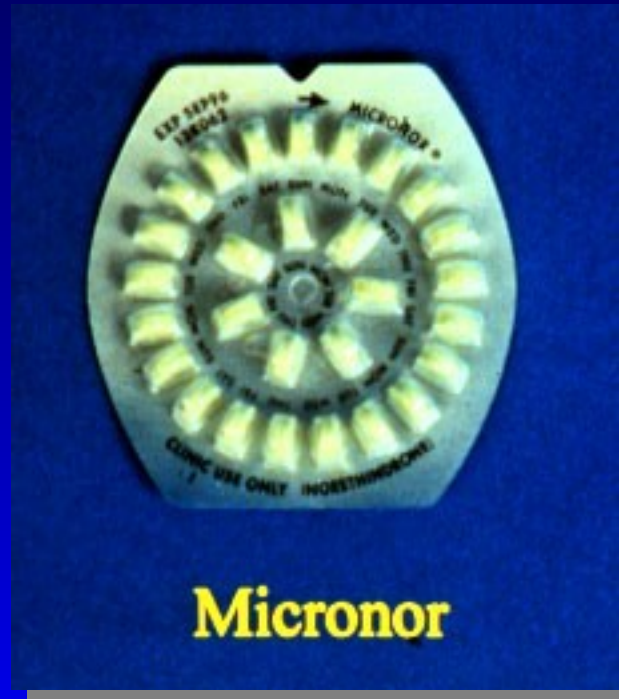
Intrauterine Device

- Actinomyces on Pap
 - confirm diagnosis with pathologist
 - ▢ if symptoms of PID:
 - treat with doxycycline or ampicillin
 - ▢ remove IUD
 - ▢ U/S to R/O abscess
 - ▢ if asymptomatic can repeat Pap and treat if actinomyces persists



Progestin-Only Pills

- Unforgiving of late or missed pills



Depo-Provera

- Depot medroxyprogesterone acetate
- No dosage adjustment for weight or concomitant drugs (eg antiepileptics)
- Suppression of decrease in bone density





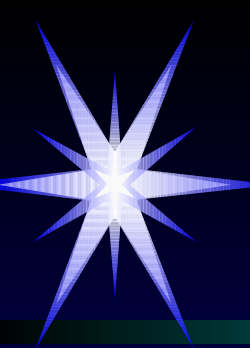
Depo-Provera

- Schedule injections every 12 weeks
- ▢ Develop protocol if patient late, eg:
 - check pregnancy test
 - ▢ use back-up contraception or abstain for 2 wks
 - ▢ repeat pregnancy test
- ▢ No known risk of fetal effects



Depo-Provera

- Menstrual irregularities
 - most common reason to discontinue
 - cycle with estrogen or OCPs
 - NSAIDs
- Weight gain
- Delay in return of fertility



Lunelle

- Monthly injection of estradiol valerate and medroxyprogesterone acetate
- Monthly withdrawal bleeding pattern
- Injection every 28 days (+/- 5 days)
- More rapid return to fertility than Depo-Provera

Norplant

